Important Notice - MST ADA Paratransit (RIDES) Application

In response to the interest you expressed in the MST RIDES Program, we are providing application materials for you to review. The RIDES Program provides specialized transportation for people with disabilities when those disabilities prevent them from using MST fixed-route services. The program strictly follows Federal Transit Administration (FTA) rules governing the certification of applicants for ADA paratransit service. More information is available, including a RIDES video and forms that can be filled in online, at www.mstmobility.org/ada-paratransit-rides.htm.

MST also maintains a Courtesy Card Program for seniors and people with disabilities who do not meet the criteria for the RIDES Program, but who may still receive discounted fares for fixed-route services. An application is available at any MST office or online at www.mst.org/wp-content/media/courtesy.pdf. If you are not sure about which program to apply for, if either, please contact MST at 1-888-678-2871 for more information.

This is not an application for taxi vouchers. The Taxi Voucher Program is not part of the RIDES or Courtesy Card Program.

Following is a checklist for submitting your application materials for the MST RIDES Program:

✓ Complete, sign and date the Contact Information side of the enclosed two-sided form. If you are completing this form on behalf of the applicant, attach a copy of the document(s) stating you have the legal authority to act on behalf of the applicant when applying for, and enrolling in, the MST RIDES Program.

✓ Your healthcare provider will need to complete the Professional Verification side of the enclosed form to verify your disability-related limitations. This person must be a healthcare professional licensed in the State of California and have the training and expertise required to accurately evaluate your abilities and your limitations. We do not require a diagnosis or medical information, rather, only information regarding your ability or inability to board and ride a wheelchair-accessible MST bus, and your ability to navigate the MST bus system.
Return the form with both sides complete and signed and dated in blue or black ink, to MST RIDES Program, 15 Lincoln Ave, Salinas, CA 93901. Incomplete forms will be returned to the applicant and will delay a determination of eligibility for the RIDES Program.

Once the combined Contact Information and Professional Verification form is received and reviewed for completeness, you will be contacted by MST staff to schedule an in-person interview. Following your interview, you may also be asked to complete a functional assessment involving a short walk and bus ride. Please dress appropriately for the weather conditions on that day and bring any mobility aid you may want to use during your assessment. You may also bring another person to assist you during the interview and assessment process if you desire.

MST RIDES does not provide attendants to care for passengers riding on our buses. If you require a personal care attendant (PCA) to assist you during your travels, please have your PCA accompany you during the interview and assessment process. Also, we will take a picture of you and your proposed PCA during the interview in anticipation of issuing a RIDES photo ID card once you are approved. PCA’s ride for free when assisting a certified RIDES customer.

MST will provide free transportation to and from the interview upon request. Please contact us at 1-888-678-2871 if you have further questions about the MST RIDES Program application process.

Sincerely,

Cristy Sugabo
Mobility Services Manager
# Contact Information Form

**PLEASE PRINT OR TYPE ALL RESPONSES (EXCEPT SIGNATURE). RESPONSES MUST BE LEGIBLE IN PRINTED BLUE OR BLACK INK.**

This contact information may be shared with other transit officials and health care professionals should you decide to apply for ADA Paratransit Services. It will not be used for any other purpose. You must complete all items on the form.

**PLEASE PROVIDE THE FOLLOWING REQUESTED CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>Your Full Name:</th>
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<tbody>
<tr>
<td>Address Where You Live:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Mailing Address (if different):</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>/ /</td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>( )</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
<tr>
<td>Preferred Language (for interview):</td>
<td></td>
</tr>
<tr>
<td>List one person we can call in case of emergency (or print “none” next to Name):</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

Once MST receives your combined Contact Information and Professional Verification Form from your health care provider, we will contact you to schedule an in-person interview. If transportation is needed to/from the interview site, MST will provide transportation at no cost to you.

If you are the applicant, and not submitting this application on behalf of someone else, please sign directly below.

Signature: _______________________________ Date: ____/____/__________

If you are submitting this application on behalf of someone else, please check the box to the left, provide the required information and sign directly below.

Name: ____________________________ Phone: ____________________________

**YOU MUST PROVIDE DOCUMENTATION THAT YOU HAVE THE LEGAL AUTHORITY TO ACT ON BEHALF OF THE APPLICANT. PLEASE ATTACH COPY(S) OF DOCUMENTATION TO THIS FORM.**

Signature: __________________________________________ Date: ____/____/__________

### Language Assistance

1-888-678-2871 / Free language assistance / Asistencia de Lenguaje Gratuito / Libreng tulong para sa wika / Hỗ trợ ngôn ngữ miễn phí / 무료 언어 지원

Mail Original Document to MST ADA Paratransit Service at 15 Lincoln Ave. Salinas, CA 93901
# Monterey-Salinas Transit ADA Paratransit Professional Verification Form

*(to be completed by a California licensed health care provider with the qualifications and training to properly evaluate the applicant’s abilities and limitations with regard to accessing public transportation)*

**PLEASE PRINT OR TYPE ALL RESPONSES (EXCEPT SIGNATURE).**
**RESPONSES MUST BE LEGIBLE AND WRITTEN IN BLUE OR BLACK INK.**

### CALIFORNIA LICENSED HEALTH CARE PROFESSIONAL

(To be completed by MD, DO, DC, PhD, LCSW, LMFT, RN, etc.)

<table>
<thead>
<tr>
<th>Professional Named on License</th>
<th>Print License Type</th>
<th>Print License #</th>
<th>Expiration Date</th>
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</thead>
<tbody>
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</table>

- **Office Telephone:**
- **Office Fax:**

**How long has the applicant been in your care?**
- **Years___**
- **Months ____**

**PLEASE RESPOND TO THE QUESTIONS BELOW REGARDING THE APPLICANT’S LIMITATIONS**

**Applicants Full Name:**

- **[ ]** Applicant can only stand for ___ minutes at a time before he/she needs to sit. ________ Minutes

- **[ ]** Applicant can only walk for ___ minutes before he/she needs to rest. ________ Minutes

- **[ ]** Applicant can only walk up a street grade less than %. ____%

- **[ ]** Applicant can only walk down a street grade less than %. ____%

- **[ ]** Applicant is undergoing treatment (dialysis, chemotherapy, etc.) which results in a need for travel assistance following those treatments. *Please check box if applicable but do not provide diagnosis or medical information.*

- **[ ]** Applicant will require the assistance of a personal care attendant and/or requires a mobility device to ride the bus. Please specify which and under what conditions.

- **[ ]** Applicant’s physical or cognitive impairment keeps him/her from navigating city streets and roads by use of signs, maps or written/oral directions. Please specify which and under what conditions.

**Is the applicant’s limitation(s)**
- **[ ]** Permanent
- **[ ]** Temporary (lasting ______ months)?

Your signature below certifies that this form has been completed or reviewed fully by you, that the above information is accurate and current, and that you understand that false or misleading information provided for the purpose of qualifying your patient for publically subsidized services violates State and Federal law.

**This form must be signed by the California licensed professional named above. Please sign below and return to MST. Signature stamps are prohibited. Copies and faxed forms will not be accepted.**

| Provider Signature: ____________________________ | Date ___ / __ / ____ |

*Mail Original Document to MST ADA Paratransit Service at 15 Lincoln Ave. Salinas, CA 93901*